

CARROLL COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
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VEHICLE APPLICATION AND INSPECTION FORM FOR SEPTAGE UTILIZERS

To Be Completed by Applicant:

Date: _____

Name of Owner: _____

Mailing Address: _____

Telephone: _____ Model of Vehicle: _____

Serial Number of Vehicle: _____ Vehicle License Number: _____

Applicant's Signature: _____

FOR HEALTH DEPARTMENT USE ONLY

	<u>YES</u>	<u>NO</u>
I. Check Applicable Item:		
A. Name of septage hauler legibly lettered <u>at least 3 inches in height</u> on both sides of vehicle:	_____	_____
B. Permit Number legibly lettered <u>at least 3 inches in height</u> on both sides of vehicle:	_____	_____
C. The words "Sewage Only" legibly lettered <u>at least 6 inches in height</u> on both sides of vehicle:	_____	_____
II. Watertight Tank or Body:		
A. Water filled to 1/3 capacity of tank for inspection:	_____	_____
B. No water leaking from tank:	_____	_____
C. All openings in tank have watertight seals:	_____	_____
D. Pump operates without discharging water through leaks in pumping apparatus:	_____	_____
E. No leaks in hose or hose connections:	_____	_____
F. There are ____ (number of) hoses and all have been inspected:	_____	_____
G. General condition of truck is clean and sanitary:	_____	_____
III. Notes:		
A. All requirements of the Department of the Environment Regulation 26.04.06.15 <u>Septage</u> must be complied with.		
B. Each utilizer will be issued one permit number to be applied to all vehicles. Example: C-1.		
IV. <u>TO BE COMPLETED BY HEALTH DEPARTMENT</u>		
Date Current Permit Expires _____ Permit Number _____		
Approved for Annual Operating Permit _____		